

California Exempt Organization Annual Information Return

Calendar Year 2008 or fiscal year beginning month _____ day _____ year _____, and ending month _____ day _____ year _____.

A First Return Filed? Yes No **B** Type of organization Exempt under Section 23701 d (insert letter)
 IRC Section 4947(a)(1) trust

CORP #
2287764

Corporation/Organization Name
MOUNTAIN COMMUNITIES FIRE SAFE COUNCIL

FEIN
91-2161820

Address
PO BOX 507

City
IDYLLWILD

State
CA

ZIP Code
92549-0507

C Amended Return? Yes No
D Are you a subordinate/affiliate in a group exemption? Yes No
(a) Is this a group filing for affiliates? See General Instruction L Yes No
(b) If "Yes," enter the number of affiliates _____
(c) Are all affiliates included? Yes No
 (If "No," attach a list. See instructions.)
(d) Is this a separate return filed by an organization covered by a group ruling? Yes No
(e) Federal Group Exemption Number _____
(f) Is a roster of subordinates attached? Yes No
E Final return?
 Dissolved Surrendered (Withdrawn)
 Merged/Reorganized (attach explanation)
 If a box is checked, enter date _____
F Check the box if the organization filed: (1) 990T (2) 990PF (3) 990H
G If organization is exempt under R&TC Section 23701d and is exclusively religious, educational, or charitable, and is supported primarily (50% or more) by public contributions, check box. See General Instruction F. No filing fee is required.

H Accounting method used (1) Cash (2) Accrual (3) Other
I If exempt under R&TC Section 23701d, has the organization during the year: (1) participated in any political campaign or (2) attempted to influence legislation or any ballot measure, or (3) made an election under R&TC Section 23704.5 (relating to lobbying by public charities)? If "Yes," complete and attach form FTB 3509, Political or Legislative Activities by Section 23701d Organizations Yes No
J Did the organization have any changes in its activities, governing instrument, articles of incorporation, or bylaws that have not been reported to the Franchise Tax Board? If "Yes," complete an explanation and attach copies of revised documents Yes No
K Is the organization exempt under R&TC Section 23701g? Yes No
 If "Yes," enter amount of gross receipts from nonmember sources \$ _____
L Is the organization under audit by the IRS or has the IRS audited in a prior year? Yes No
M Is the organization a Limited Liability Corporation? Yes No
N Did the organization file Form 100 or Form 109 to report taxable income? Yes No

Part I Complete Part I unless not required to file this form. See General Instructions B and C.

Receipts and Revenues	1	Gross sales or receipts from other sources. From Side 2, Part II, line 8	• 1	399,496.00
	2	Gross dues and assessments from members and affiliates	• 2	00
	3	Gross contributions, gifts, grants, and similar amounts received STMT 1	• 3	558,405.00
	4	Total gross receipts for filing requirement test. Add line 1 through line 3. This line must be completed. If the result is less than \$25,000, see General Instruction C	• 4	957,901.00
	5	Cost of goods sold	• 5	00
	6	Cost or other basis, and sales expenses of assets sold	• 6	00
	7	Total costs. Add line 5 and line 6	7	00
	8	Total gross income. Subtract line 7 from line 4	• 8	957,901.00
Expenses	9	Total expenses and disbursements. From Side 2, Part II, line 18	• 9	941,034.00
	10	Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	• 10	16,867.00
Filing Fee	11	Filing fee \$10 or \$25. See General Instruction F	11	10.00
	12	Total payments	12	00
	13	Penalties and Interest. See General Instruction J	13	00
	14	Use tax. See General Instruction K	• 14	00
	15	Balance due. Add line 11, line 13, and line 14. Then subtract line 12 from the result	15	10.00

Sign Here
 Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Signature of officer	Title TREASURER	Date	• Telephone 951-659-6208
Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	• Preparer's SSN/PTIN P00165007
Firm's name (or yours, if self-employed) and address ROGERS, ANDERSON, MALODY & SCOTT, LLP 290 N D STREET, SUITE 300 SAN BERNARDINO, CA 92401			• FEIN 95-2662063 • Telephone 909-889-0871

May the FTB discuss this return with the preparer shown above? See instructions Yes No

Part II Organizations with gross receipts of more than \$25,000 and private foundations regardless of amount of gross receipts - complete Part II or furnish substitute information. See Specific Line Instructions.

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Receipts from Other Sources	1	Gross sales or receipts from all business activities. See instructions	• 1	00
	2	Interest	• 2	8,337.00
	3	Dividends	• 3	00
	4	Gross rents	• 4	00
	5	Gross royalties	• 5	00
	6	Gross amount received from sale of assets (See instructions)	• 6	00
	7	Other income SEE STATEMENT 2	• 7	391,159.00
	8	Total gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1	8	399,496.00
Expenses and Disbursements	9	Contributions, gifts, grants, and similar amounts paid	• 9	00
	10	Disbursements to or for members	• 10	00
	11	Compensation of officers, directors, and trustees SEE STATEMENT 3	• 11	29,744.00
	12	Other salaries and wages	• 12	76,802.00
	13	Interest	• 13	00
	14	Taxes	• 14	00
	15	Rents	• 15	17,983.00
	16	Depreciation and depletion (See instructions)	• 16	00
	17	Other SEE STATEMENT 4	• 17	816,505.00
	18	Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9	18	941,034.00

Schedule L Balance Sheets

	Beginning of taxable year		End of taxable year	
	(a)	(b)	(c)	(d)
Assets				
1 Cash		107,485.		451,635.
2 Net accounts receivable				
3 Net notes receivable				
4 Inventories				
5 Federal and state government obligations				
6 Investments in other bonds				
7 Investments in stock				
8 Mortgage loans (number of loans _____)				
9 Other investments				
10 a Depreciable assets	52,748.		51,791.	
b Less accumulated depreciation	(43,283.)	9,465.	(47,395.)	4,396.
11 Land				
12 Other assets STMT 5				43,390.
13 Total assets		116,950.		499,421.
Liabilities and net worth				
14 Accounts payable				
15 Contributions, gifts, or grants payable				
16 Bonds and notes payable				
17 Mortgages payable				
18 Other liabilities STMT 6		1,896.		373,350.
19 Capital stock or principle fund				
20 Paid-in or capital surplus. Attach reconciliation				
21 Retained earnings or income fund		115,054.		126,071.
22 Total liabilities and net worth		116,950.		499,421.

Schedule M-1 Reconciliation of income per books with income per return

Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$25,000

1 Net income per books	• 16,867.	7 Income recorded on books this year not included in this return	•
2 Federal income tax	•	8 Deductions in this return not charged against book income this year	•
3 Excess of capital losses over capital gains	•	9 Total. Add line 7 and line 8	
4 Income not recorded on books this year	•	10 Net income per return.	
5 Expenses recorded on books this year not deducted in this return	•	Subtract line 9 from line 6	16,867.
6 Total.			
Add line 1 through line 5	16,867.		

FORM 199	CASH CONTRIBUTIONS OF \$5000 OR MORE INCLUDED ON PART I, LINE 3	STATEMENT	1
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CONTRIBUTOR'S NAME	CONTRIBUTOR'S ADDRESS	DATE OF GIFT	AMOUNT
USDA FOREST SERVICE	P.O. BOX 944246 SACRAMENTO, CA 94244		540,983.
TOTAL INCLUDED ON LINE 3			540,983.

FORM 199	OTHER INCOME	STATEMENT	2
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DESCRIPTION	AMOUNT
PROGRAM SERVICE REVENUE	391,159.
TOTAL TO FORM 199, PART II, LINE 7	391,159.

FORM 199	COMPENSATION OF OFFICERS, DIRECTORS AND TRUSTEES	STATEMENT	3
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NAME AND ADDRESS	TITLE AND AVERAGE HRS WORKED/WK	COMPENSATION
MIKE ESNARD PO BOX 507 IDYLLWILD, CA 92549-0507	PRESIDENT 0.00	0.
RON PERRY PO BOX 507 IDYLLWILD, CA 92549-0507	1ST VICE PRESIDENT 0.00	0.
LARRY KUENEMAN PO BOX 507 IDYLLWILD, CA 92549-0507	2ND VICE PRESIDENT 0.00	0.
KAY CENICEROS PO BOX 507 IDYLLWILD, CA 92549-0507	SECRETARY 0.00	0.
JERRY HOLLDBER PO BOX 507 IDYLLWILD, CA 92549-0507	TREASURER 0.00	0.

MOUNTAIN COMMUNITIES FIRE SAFE COUNCIL

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JERI BOWLES PO BOX 507 IDYLLWILD, CA 92549-0507	DIRECTOR 0.00	0.
BLAIR CENICEROS PO BOX 507 IDYLLWILD, CA 92549-0507	DIRECTOR 0.00	0.
TOM MCCULLOUGH PO BOX 507 IDYLLWILD, CA 92549-0507	DIRECTOR 0.00	0.
CINDY DAVIS PO BOX 507 IDYLLWILD, CA 92549-0507	DIRECTOR 0.00	0.
NORM WALKER PO BOX 507 IDYLLWILD, CA 92549-0507	DIRECTOR 0.00	0.
DORIS LOMBARD PO BOX 507 IDYLLWILD, CA 92549-0507	DIRECTOR 0.00	0.
LOIS HENSON PO BOX 507 IDYLLWILD, CA 92549-0507	DIRECTOR 0.00	0.
REBA COULTER PO BOX 507 IDYLLWILD, CA 92549-0507	EXECUTIVE DIRECTOR/CEO 25.00	29,744.
TOTAL TO FORM 199, PART II, LINE 11		<u>29,744.</u>

FORM 199	OTHER EXPENSES	STATEMENT	4
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DESCRIPTION	AMOUNT
PAYROLL TAXES	9,633.
APPRECIATION AND RECOGNITION	131.
ARCHAEOLOGICAL/BIOLOGICAL SERVICES	6,649.
BANK CHARGES	167.
COMMISSION EXPENSE	64.
EQUIPMENT EXPENSES	2,067.
INSURANCE	5,372.
INTERNET SUBSCRIPTION	449.
MILEAGE REIMBURSEMENTS	5,292.
REGISTRATION AND FEES	188.
DUES AND SUBSCRIPTIONS	734.
OFFICE SUPPLIES	2,144.

TELEPHONE	339.
FUEL REDUCTION PROGRAM EXPENSE	648,402.
INFORMATION/EDUCATION PROGRAM EXPENSES	18,401.
IN-KIND SOFT MATCH:VOLUNTEER	92,003.
VOLUNTEER PROGRAM EXPENSES	5,816.
MISCELLANEOUS PROGRAM EXPENSES	450.
DEPRECIATION	2,931.
PROFESSIONAL FEES AND OTHER PAYMENTS TO INDEPENDENT CONTRACTORS	14,527.
PRINTING, PUBLICATIONS, POSTAGE AND SHIPPING	746.
TOTAL TO FORM 199, PART II, LINE 17	816,505.

FORM 199	OTHER ASSETS	STATEMENT	5
DESCRIPTION	BEG. OF YEAR	END OF YEAR	
ACCOUNTS RECEIVABLE	0.	13,305.	
GRANTS RECEIVABLE	0.	30,085.	
TOTAL TO FORM 199, SCHEDULE L, LINE 12	0.	43,390.	

FORM 199	OTHER LIABILITIES	STATEMENT	6
DESCRIPTION	BEG. OF YEAR	END OF YEAR	
ACCOUNTS PAYABLE AND ACCRUED EXPENSES	1,896.	20,535.	
DEFERRED REVENUE	0.	352,815.	
TOTAL TO FORM 199, SCHEDULE L, LINE 18	1,896.	373,350.	